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| PATENT APPLICATION FEE DETERMINATION RECORD<br>Substitute for Form PTO-875   |   |                         |   |                  | Application or Docket Number<br><b>10/735742</b> |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
|--|---|-------------------------|---|------------------|--|-------------------------|--|------|-----|------|-----|--------------|----------|--------------|----------|--------------|----------|--------------|----------|--------------|----------|--------------|----------|-------|----------|-------|----------|--|--|--|--------------|--|-------------------------|--|------|----------------|------|----------------|----------|----------|----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------|----------|-----------------|----------|-----------------|----------|
| <b>CLAIMS AS FILED - PART I</b>  |   |                         |   |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| (Column 1)   |   | (Column 2)              |   |                  | (Column 3)                                       |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| FOR  | NUMBER FILED                              | NUMBER EXTRA            |   |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| BASIC FEE<br>(37 CFR 1.16(a))  |   |                         |   |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| TOTAL CLAIMS<br>(37 CFR 1.16(c))   | minus 20 =                                |                         | *   |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(b))   | minus 3 =                                 |                         | *   |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))  |   |                         |   |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| * If the difference in column 1 is less than zero, enter "0" in column 2.  |   |                         |   |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| <b>CLAIMS AS AMENDED - PART II</b>   |   |                         |   |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| (Column 1)   |   | (Column 2)              |   |                  | (Column 3)                                       |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| 12.17.04   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | MINUS                   | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| Total<br>(37 CFR 1.16(c))  | 19  | Minus                   | 20  | =                |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| Independent<br>(37 CFR 1.16(b))  | 2   | Minus                   | 3   | =                |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  |   |                         |   |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| AMENDMENT A  |   |                         |   |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| Total<br>(37 CFR 1.16(c))  | *   | Minus                   | **  | =                |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| Independent<br>(37 CFR 1.16(b))  | *   | Minus                   | ***   | =                |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  |   |                         |   |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| AMENDMENT B  |   |                         |   |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| Total<br>(37 CFR 1.16(c))  | *   | Minus                   | **  | =                |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| Independent<br>(37 CFR 1.16(b))  | *   | Minus                   | ***   | =                |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  |   |                         |   |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| AMENDMENT C  |   |                         |   |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| Total<br>(37 CFR 1.16(c))  | *   | Minus                   | **  | =                |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| Independent<br>(37 CFR 1.16(b))  | *   | Minus                   | ***   | =                |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  |   |                         |   |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; padding: 5px;">SMALL ENTITY</th> <th colspan="2" style="text-align: center; padding: 5px;">OTHER THAN SMALL ENTITY</th> </tr> <tr> <th style="text-align: center; padding: 5px;">RATE</th> <th style="text-align: center; padding: 5px;">FEE</th> <th style="text-align: center; padding: 5px;">RATE</th> <th style="text-align: center; padding: 5px;">FEE</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">X \$ _____ =</td> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">X \$ _____ =</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;">X \$ _____ =</td> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">X \$ _____ =</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;">+ \$ _____ =</td> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">+ \$ _____ =</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;">TOTAL</td> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">TOTAL</td> <td style="padding: 5px;">\$ _____</td> </tr> </tbody> </table> |   |                         |   | SMALL ENTITY     |  | OTHER THAN SMALL ENTITY |  | RATE | FEE | RATE | FEE | X \$ _____ = | \$ _____ | X \$ _____ = | \$ _____ | X \$ _____ = | \$ _____ | X \$ _____ = | \$ _____ | + \$ _____ = | \$ _____ | + \$ _____ = | \$ _____ | TOTAL | \$ _____ | TOTAL | \$ _____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center; padding: 5px;">SMALL ENTITY</th> <th colspan="2" style="text-align: center; padding: 5px;">OTHER THAN SMALL ENTITY</th> </tr> <tr> <th style="text-align: center; padding: 5px;">RATE</th> <th style="text-align: center; padding: 5px;">ADDITIONAL FEE</th> <th style="text-align: center; padding: 5px;">RATE</th> <th style="text-align: center; padding: 5px;">ADDITIONAL FEE</th> </tr> </thead> <tbody> <tr> <td style="padding: 5px;">X \$25 =</td> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">X \$50 =</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;">X \$100 =</td> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">X \$200 =</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;">+ \$180 =</td> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">+ \$300 =</td> <td style="padding: 5px;">\$ _____</td> </tr> <tr> <td style="padding: 5px;">TOTAL ADD'L FEE</td> <td style="padding: 5px;">\$ _____</td> <td style="padding: 5px;">TOTAL ADD'L FEE</td> <td style="padding: 5px;">\$ _____</td> </tr> </tbody> </table> |  |  | SMALL ENTITY |  | OTHER THAN SMALL ENTITY |  | RATE | ADDITIONAL FEE | RATE | ADDITIONAL FEE | X \$25 = | \$ _____ | X \$50 = | \$ _____ | X \$100 = | \$ _____ | X \$200 = | \$ _____ | + \$180 = | \$ _____ | + \$300 = | \$ _____ | TOTAL ADD'L FEE | \$ _____ | TOTAL ADD'L FEE | \$ _____ |
| SMALL ENTITY   |   | OTHER THAN SMALL ENTITY |   |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| RATE   | FEE                                       | RATE                    | FEE   |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| X \$ _____ =   | \$ _____                                  | X \$ _____ =            | \$ _____                                    |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| X \$ _____ =   | \$ _____                                  | X \$ _____ =            | \$ _____                                    |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| + \$ _____ =   | \$ _____                                  | + \$ _____ =            | \$ _____                                    |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| TOTAL  | \$ _____                                  | TOTAL                   | \$ _____                                    |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| SMALL ENTITY   |   | OTHER THAN SMALL ENTITY |   |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| RATE   | ADDITIONAL FEE                            | RATE                    | ADDITIONAL FEE                              |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| X \$25 =   | \$ _____                                  | X \$50 =                | \$ _____                                    |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| X \$100 =  | \$ _____                                  | X \$200 =               | \$ _____                                    |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| + \$180 =  | \$ _____                                  | + \$300 =               | \$ _____                                    |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |
| TOTAL ADD'L FEE  | \$ _____                                  | TOTAL ADD'L FEE         | \$ _____                                    |                  |  |                         |  |      |     |      |     |              |          |              |          |              |          |              |          |              |          |              |          |       |          |       |          |  |  |  |              |  |                         |  |      |                |      |                |          |          |          |          |           |          |           |          |           |          |           |          |                 |          |                 |          |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter "20".  
 \*\*\* If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter "3".  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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